

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90113 022 \*\*\*\*60.00

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**DOCUMENT # L02000013867**

1. Entity Name  
**PANCHAYAT, LLC**



Principal Place of Business  
**2194 HWY. A1A, STE. 201  
INDIAN HARBOR BEACH FL 32937**

Mailing Address  
**2194 HWY. A1A, STE. 201  
INDIAN HARBOR BEACH FL 32937**

2. Principal Place of Business  
*Same as above*

3. Mailing Address  
*Same as above*

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**04-3682323**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SONI, MAHESH  
2194 HWY. A1A, STE. 201  
INDIAN HARBOR BEACH FL 32937**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **4/21/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
President	<b>gopal gadodia, M.D.</b>	<b>129 Lauding Is Dr</b>	<b>INDIAN HARBOR BEACH FL 32937</b>	<input type="checkbox"/>
Vice President	<b>Shashin Ajeet M.D.</b>	<b>221 Lauding Is Dr</b>	<b>INDIAN HARBOR BEACH FL 32937</b>	<input type="checkbox"/>
Secretary	<b>Manish Shah</b>	<b>702 Hamlettsville Is Dr</b>	<b>Satellite Beach FL 32937</b>	<input type="checkbox"/>
Treasurer	<b>Raj Shah</b>	<b>740 Nicklaus Dr</b>	<b>Melbourne FL 32940</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** DATE: **4/21/03** DAYTIME PHONE #: **321-777-6869**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)